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ABSTRACT

The Carnegie Corporation's Council on Adolescent Development builds on the work of many organizations and individuals to stimulate sustained public attention to the risks and opportunities of adolescence, and generates public and private support for measures that facilitate the critical transition to adulthood. The Council's concluding report explores some of the risks of adolescence and gives recommendations for meeting the essential requirements of healthy adolescent development and adapting pivotal institutions to foster healthy adolescence. This executive summary reviews the concluding report of the Council, summarizing its main themes and recommendations. The summary notes how social and technological changes have introduced new stresses and risks to the adolescent experience, then lists specific health and educational risks. The summary then lists steps for meeting the essential requirements for healthy emotional and social adolescent development. Finally, the summary presents a generic approach for adapting pivotal institutions to foster healthy adolescents, then offers core recommendations: (1) reengaging families with their adolescent children; (2) creating developmentally appropriate schools for adolescents; (3) developing health-promotion strategies for young adolescents; (4) strengthening communities with young adolescents; and (5) promoting the constructive potential of the media. Steps other institutions--such as business and universities--can take to promote healthy adolescent development are also noted. (HTH)

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EXECUTIVE SUMMARY

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CONCLUDING REPORT OF THE CARNEGIE
COUNCIL ON ADOLESCENT DEVELOPMENT

Carnegie Corporation of New York is a philanthropic foundation created by Andrew Carnegie in 1911 to promote the advancement and diffusion of knowledge and understanding. In June 1986, it established the Carnegie Council on Adolescent Development to place the challenges of the adolescent years higher on the nation's agenda. An operating program of the foundation, the Council builds on the work of many organizations and individuals to stimulate sustained public attention to the risks and opportunities of the adolescent years and generates public and private support for measures that facilitate the critical transition to adulthood.

Composed of national leaders in education, law, science, health, religion, business, the media, youth-serving agencies, and government, the Council has worked within the best tradition of multidisciplinary and interprofessional cooperation. Through task forces and working groups, meetings and seminars, commissioned reports, sponsored studies and other activities, the Council has sought to identify authoritative information about the nature and scope of adolescent problems. It has stimulated public discussion that resulted in well-informed action to foster constructive roles for families, schools, health agencies, community organizations, and the media in developing competent, healthy adolescents.

Great Transitions: Preparing Adolescents for a New Century is the concluding report of the Council. This pamphlet presents a brief summary of the main themes and recommendations of the report. Single copies of the full report can be obtained for \$10.00 from the Carnegie Council on Adolescent Development, P.O. Box 753, Waldorf, MD 20604. (202) 429-7979. Bulk rates are available. An abridged version of the report can be obtained free of charge from the Council in early 1996.

Adolescence is one of the most fascinating and complex transitions in the life span: a time of accelerated growth and change second only to infancy; a time of expanding horizons, self-discovery, and emerging independence; a time of metamorphosis from childhood to adulthood. Its beginning is associated with biological, physical, behavioral, and social transformations that roughly correspond with the move from elementary school to middle or junior high school. The events of this crucially formative phase can shape an individual's life course and thus the future of the whole society.

Early adolescence, encompassing the sexual awakenings of puberty as well as new social and educational demands, is an age of particular vulnerability. Barely out of childhood, young people ages ten to fourteen are today experiencing more freedom, autonomy, and choice than ever at a time when they still need special nurturing, protection, and guidance. Without the sustained involvement of parents and other adults in safeguarding their welfare, young adolescents are at risk of harming themselves and others.

Many adolescents manage to negotiate their way through this critical transition with relative success. With caring families, good schools, and supportive community institutions, they grow up reasonably well educated, committed to families and friends, and prepared for the workplace and for the responsibilities of citizenship. Even under less-than-optimal conditions for growth and development—the absence of supportive and caring adults, poverty, unsafe schools, and distressed communities—adolescents can become contributing members of society. Some achieve this status despite facing threats to their well-being, such as AIDS and easy access to lethal weapons and drugs, that were all but unknown to their parents and grandparents.

For many others, however, the obstacles in their path can impair their physical and emotional health, destroy their motivation and ability to succeed in school and jobs, and damage their personal relationships. Many reach adulthood ill-equipped to participate responsibly in our democratic society.

NEW RISKS FACING TEN- TO FOURTEEN-YEAR-OLDS

Across America today, adolescents are confronting pressures to use alcohol, cigarettes, or other drugs and to have sex at earlier ages. Many are depressed: about a third of adolescents report they have contemplated suicide. Others are growing up lacking the competence to handle interpersonal conflict without resorting to violence. By age seventeen, about a quarter of all adolescents have engaged in behaviors that are harmful or dangerous to themselves and others: getting pregnant, using drugs, taking part in antisocial activity, and failing in school. Altogether, nearly half of American adolescents are at high or moderate risk of seriously damaging their life chances. The damage may be near term and vivid, or it may be delayed, like a time bomb set in youth.

The social and technological changes of this century, and especially of recent decades, have provided many young people with remarkable material benefits and opportunities to master technical skills; they have also introduced new stresses and risks into the adolescent experience. Today, with high divorce rates, increases in both parents working, and the growth of single-parent families, slightly more than half of all American children will spend at least part of their childhood or adolescence living with only one parent. In this situation, exacerbated by the erosion of neighborhood networks and other traditional social support systems, children now spend significantly less time in the company of adults than they did a few decades ago; more of their time is spent in front of the television set or with their peers in age-segregated, unsupervised environments.

Such conditions occur among families of all income levels and backgrounds and in cities, suburbs, and rural areas. But they are especially severe in neighborhoods of concentrated poverty, where young adolescents are more likely to lack two crucial prerequisites for their healthy growth and development: a close relationship with a dependable adult and the perception of meaningful opportunities in mainstream society.

For today's adolescents, particularly those who do not intend to go beyond high school, there is much less chance to earn a decent living wage, support a family, and participate actively in the life of the community and nation

Young Adolescents Face Serious Risks

In 1993, approximately 7.3 percent (19 million) of the U.S. population were young adolescents, ages ten to fourteen. Of these, approximately 20 percent were living below the federal poverty line, which in 1993 was \$14,763 for a family of four. Minority adolescents were disproportionately poor: 43 percent of African American adolescents and 38 percent of Hispanic/Latino adolescents lived in poverty, compared with 15 percent of white adolescents. By the year 2000, more than one-third of all young adolescents will be members of racial or ethnic minorities: African Americans (16 percent); American Indian, Eskimo, and Aleut (1 percent), Asian/Pacific Americans (5 percent), and Hispanic/Latino (14 percent).¹ To compete in the global economy of the twenty-first century, America will need all of these young people to be healthy and well educated.

HEALTH RISKS

- Injuries are the leading cause of death for young adolescents. The largest single cause of death among these adolescents is injuries from motor vehicle crashes.²
- The firearm homicide rate for ten- to fourteen-year-olds more than doubled between 1985 and 1992 (from 0.8 to 1.9 per 100,000). For black males, the rate increased from 3.0 to 8.4 per 100,000 during the same period.³
- In 1992, twelve- to fifteen-year-olds had a high overall victimization rate. They were victims of assault more than any other age group.⁴
- In a national representative sample of adolescents ten to sixteen years old, one-fourth of respondents reported having experienced an assault or abuse in the previous year.⁵ Approximately 20 percent of the documented child abuse and neglect cases in 1992 involved young adolescents between the ages of ten and thirteen years.⁶
- Use of alcohol and cigarettes remains more widespread than use of illegal drugs.
- Although it is illegal to sell alcohol to individuals under twenty-one years of age, two-thirds of eighth graders report that they have already tried alcohol and a quarter say that they are current drinkers. Twenty-eight percent of eighth graders claim that they have been drunk at least once.⁷

- Among eighth graders, who are thirteen to fourteen years old, the rate of current smoking (smoking any cigarette in the past 30 days) rose by 30 percent between 1991 and 1994, from 14.3 to 18.6 percent.⁸
- Marijuana use among eighth graders more than doubled between 1991 and 1994 from 6.2 to 13.0 percent.⁹
- Over the last three decades, the age of first intercourse has declined. Higher proportions of adolescent women and men reported being sexually experienced at each age between the ages of fifteen and twenty in 1988 than in the early 1970s. In 1988, 27 percent of girls and 33 percent of boys had intercourse by their fifteenth birthday.¹⁰
- While the number of births to those ages fifteen and younger is not large, this group is experiencing the greatest rate of increased births. Pregnancy rates for all girls less than fifteen years old rose 4.1 percent in the United States during the period between 1980 and 1988—higher than any other teenage group.¹¹
- Current evidence indicates that increases in depressive disorders and mood swings are greater for girls than for boys during adolescence. By age fourteen to fifteen, girls are twice as likely as boys to suffer from depression, a gender difference that persists into adulthood.
- From 1980 to 1992, the rate of suicide among young adolescents increased 120 percent, and increased most dramatically among young black males (300 percent) and young white females (233 percent). Suicide rates for ten- to fourteen-year-old American Indians are four times higher than those for ten- to fourteen-year-olds of all races.¹²

EDUCATIONAL RISKS

- The average proficiency in science, mathematics, and writing among thirteen-year-olds was slightly higher in 1992 than it was in the 1970s. However, these achievements have not improved enough to keep pace with the higher level of skills required in a global economy.¹³
- Only 28 percent of eighth graders scored at or above the proficiency level in reading in 1994. Two percent read at or above an advanced level.¹⁴
- In 1990, 7 percent of the eighth-grade class of 1988 (most of whom were then fifteen and sixteen years old) were drop-

outs.¹⁵ By their senior year (1992), 12 percent of this class were dropouts.¹⁶ Dropout rates vary by students' race/ethnicity: white (9.4); black (14.5); Hispanic (18.3); Asian/Pacific Islanders (7.0); and American Indian (25.4).¹⁷

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than there was a few decades ago. Many adolescents feel adult-like pressures without experiencing the rewards of belonging and of being useful in the valued settings of adult life. Especially in low-income neighborhoods where good education and jobs are scarce, young people can grow up with a bleak sense of the future.

MEETING THE ESSENTIAL REQUIREMENTS FOR HEALTHY ADOLESCENT DEVELOPMENT

In the face of the social and economic transformations of the late twentieth century, all adolescents have enduring human needs that must be met if they are to grow up to be healthy, constructive adults. All must:

- Find a valued place in a constructive group
- Feel a sense of worth as a person
- Achieve a reliable basis for making informed choices
- Know how to use the support systems available to them
- Express constructive curiosity and exploratory behavior
- Believe in a promising future with real opportunities
- Find ways of being useful to others

Meeting these requirements has been essential for human survival into adulthood for millennia. But in a technologically advanced democratic society—one that places an increasingly high premium on competence in many domains—adolescents themselves face a further set of challenges. They must:

- Master social skills, including the ability to manage conflict peacefully
- Cultivate the inquiring and problem-solving habits of mind for lifelong learning
- Acquire the technical and analytic capabilities to participate in a world-class economy
- Become ethical persons
- Learn the requirements of responsible citizenship
- Respect diversity in our pluralistic society

Adolescence is the last phase of the life span in which social institutions have reasonably ready access to the entire population, so the potential for constructive influence and for improving adolescents' life chances is great. Early adolescence—the phase during which young people are just beginning to engage in very risky behaviors, but before damaging patterns have become firmly established—offers an excellent opportunity for intervention to prevent later casualties and promote successful adult lives.

ADAPTING PIVOTAL INSTITUTIONS TO FOSTER HEALTHY ADOLESCENCE: GENERIC APPROACHES

The American institutions that have the greatest influence on young adolescents are primarily the family and the schools, but also youth-serving, health-care organizations, and the media. The Carnegie Council on Adolescent Development urges these five institutions to adapt to the impact of a hyper-modern, high-tech, pluralistic society in ways that meet the essential requirements for healthy adolescent development. These institutions have fallen behind in their vital functions and must now be strengthened in their respective roles and linked in a mutually reinforcing system of support for adolescents.

Many current interventions on behalf of young adolescents are targeted to one problem behavior, such as drug abuse or teenage pregnancy. While targeted approaches can be useful, they often do not take adequate account of two important findings from research: (1) serious problem behaviors tend to cluster in the same individual and reinforce one another; and (2) such behaviors often have common antecedents in childhood experience and educational failure. The other side of the coin is that those who engage in healthy lifestyles are more likely to do well in school and to come from supportive family and community structures that reward their effort and promote self-respect and decent human relations. These observations suggest that families, schools, and other social institutions have a special opportunity—and obligation—to foster healthy lifestyles in childhood and adolescence, taking into consideration the underlying factors that promote either positive or negative outcomes.

The Carnegie Council focuses on approaches that deal with the factors that predispose adolescents to engage in high-risk or problem behaviors. These are *generic* in nature; they are distinguished from categorical or targeted approaches that focus on single problems, often after they have already occurred. Generic approaches focus on the positive possibilities inherent in the adolescent transition—possibilities for educating and motivating young adolescents in the pursuit of healthy lifestyles, for fostering interpersonal and decision-making skills to help them choose alternatives to very risky behavior, and for providing them with reasons and tools to build constructive lives.

Generic approaches that can be adopted by the pivotal institutions include not only strong family relationships and excellent basic education but also a variety of related approaches such as social support networks, adult mentoring, health promotion programs incorporating human biology, peer-mediated services, and life-skills training to help young people cope with day-to-day living. If sustained over a period of years, such interventions can offset the negative effects of low self-respect, undeveloped social and decision-making skills, indifference to education, lack of information about health matters, low perception of opportunities, and limited incentives for delaying short-term gratification.

CORE RECOMMENDATIONS

Ensuring the healthy growth and development of adolescents must involve the commitment of all institutions that have a profound impact on youth. No single influence can be responsible for the successful transition from adolescence into adulthood. Families, the schools, the health sector, community organizations, and the media must work singly and in concert to launch all young people on a successful life course. In the twenty-first century, every young person will be essential; no individual will be expendable if our country is to maintain a dynamic, civil society and a flourishing economy in the face of accelerating technological, demographic, and socioeconomic change. The following recommendations of the Carnegie Council offer ways to adapt to the transforming world and provide life chances for adolescents conducive to a better future for the entire society.

REENGAGE FAMILIES WITH THEIR ADOLESCENT CHILDREN

Parental involvement in school activities declines steadily as children progress to middle and high school. Parents need to remain actively engaged in their adolescents' education; schools, for their part, should welcome the families of students as allies and cultivate their support. Schools and other community institutions, including health-care agencies, can help parents deal with the adolescent transition. They can create parent support groups, parent education programs, and education for prospective parents. Employers, both public and private, can pursue more family-friendly policies for parents with young adolescents. Examples are flexible work hours and other measures allowing parents to spend more time with their young adolescents or volunteer in school or youth programs. Under special circumstances, child care tax credits could be extended to parents of young adolescents so they may be enrolled in high-quality after-school programs supervised by responsible, caring adults.

CREATE DEVELOPMENTALLY APPROPRIATE SCHOOLS FOR ADOLESCENTS

States and school districts should give teachers and principals the authority and resources to transform middle schools and junior high schools into health-promoting as well as learning environments—environments that are small-scale and safe, that promote stable relationships between students and their teachers and peers, that are intellectually stimulating, that employ cooperative learning strategies and de-emphasize tracking, that provide health education and life-skills training, and that offer primary health-care services either in or near the school. Schools that are developmentally appropriate provide a core curriculum and teaching methods that excite students' curiosity and build on their desire to explore, strengthen their analytical and problem-solving abilities, and provide an understanding of human biology and its place in the world.

DEVELOP HEALTH-PROMOTION STRATEGIES FOR YOUNG ADOLESCENTS

Poor health interferes with learning; good health facilitates it. Since 1960, the burden of adolescent illness has shifted from the traditional causes of disease to the more behavior-related problems, such as sexually transmitted diseases, teenage pregnancy, motor vehicle accidents, gun-related homicides and accidents, depression leading to suicide, and abuse of drugs (alcohol and cigarettes as well as illegal drugs). Instilling in adolescents the knowledge, skills, and values that foster physical and mental health will require substantial changes in the way health professionals work and the way they connect with families, schools, and community organizations. It will also require filling serious gaps in health services for adolescents. At least three measures are needed to meet these goals. The first is the training and availability of health providers with a deep and sensitive understanding of the developmental needs and behavior-related problems of adolescents. The second is expanded health insurance coverage for adolescents who now experience barriers to these services. The third is increasing school-based and school-related health facilities for adolescents. Taken together, these measures could significantly improve the health outcomes of adolescents.

STRENGTHEN COMMUNITIES WITH YOUNG ADOLESCENTS

Communities should provide more attractive, safe, growth-promoting settings for young adolescents during the out-of-school hours—times of high risk when parents are often not available to supervise their children. More than 17,000 national and local youth organizations, including those sponsored by religious groups, now operate in the United States, but they do not adequately provide opportunities for about one-third of young people who most need their support and guidance. These organizations must now work to expand their reach, enlisting the help of community residents, families, schools, volunteers, and adolescents themselves in offering more activities that convey information about life, careers, and places beyond the neighborhood—as well as engage them in community service and other constructive activities.

PROMOTE THE CONSTRUCTIVE POTENTIAL OF THE MEDIA

An ever-expanding array of media bombard adolescents with messages that powerfully shape their attitudes and behavior. Growing, serious criticism has been directed at television, music media, and video games for their emphasis on violence as the ultimate problem solver and on unrestrained sexuality. The undeniable power of the media could be used far more constructively in the lives of young adolescents. Families, schools, and other pivotal institutions can help young people become more "media literate" so they can examine media messages more critically. They can work with media organizations in developing health-promoting programming and media campaigns for youth. And they can support social actions that discourage the media from glamorizing violence and sex as well as drinking, smoking, and other drug use.

WHAT OTHER INSTITUTIONS CAN DO

Business, universities, scientific and professional organizations, and government at all levels can help pivotal institutions meet the essential requirements of healthy adolescent development.

BUSINESS

The business community can help directly, by providing funds and technical support to implement the recommendations of this report, and indirectly, by mobilizing community leadership on behalf of the education and health of youth. Within the workplace, it can institute family-friendly policies and practices, and it can cooperate in diminishing the production of sex- and violence-saturated media programming.

UNIVERSITIES AND SCIENTIFIC AND PROFESSIONAL ORGANIZATIONS

These "science-rich" institutions and organizations can stimulate interdisciplinary research and publication on the problems and opportunities of adolescent development, recognizing the implications for practice, policy, and social action and bringing the facts before the public by taking education beyond the campus.

GOVERNMENT

Government at all levels can recognize the critical adolescent years, particularly early adolescence, in its policies and programs and assist communities in translating youth-oriented programs into action. One example is the recent creation of an Office of Adolescent Health in the U.S. Department of Health and Human Services. That effort, so far, is rudimentary, but it could become a vital focus for healthy adolescent development. Fifteen states are supporting major reforms of middle and junior high schools to make them more developmentally appropriate for young adolescents. More states need to join this movement. Cities and counties can also organize effectively for youth development.

MOBILIZING COMMUNITIES FOR YOUTH

With a combination of informed community leadership and vigorous grass-roots organizing, communities can be mobilized to engage in a strategic planning process on behalf of adolescents and their families, similar to what many communities are today doing to promote a healthy start for newborns. This process can be led by community councils for youth composed of relevant professionals, business and media leaders, local youth organizations, parents, and adolescents themselves. Such councils carefully assess local needs, formulate useful interventions, and inform the entire community about the problems and opportunities of adolescence. Experience thus far has shown that community mobilization is not readily accomplished, but recent constructive examples provide useful guidance.

INVESTING IN OUR FUTURE

Much of the current spending for adolescence could achieve better results if it were redirected toward fundamental, comprehensive approaches. Preventing much of the damage now occurring would have a powerful social and economic impact, including higher productivity, lowered health costs, lowered prison costs, and improved human welfare. In the long run, the vitality of any society and its prospects for the future depend on the quality of its people—on their knowledge and skill, and on the health and the decency of their human relations. In an era

when there is much well-founded concern about losing a vital sense of community, these initiatives on behalf of all our children can have profound collateral benefits of building solidarity, mutual aid, civility, and a reasonable basis for hope.

A key lesson learned from the Council's experience is the importance of serious, careful examination of the facts, nonpartisan analyses, broad dissemination with involvement of key sectors, and sustained commitment over a period of years. Above all, a long-term view is essential to bring about the difficult, indeed fundamental, changes necessary in modern society to improve the life chances of all our children.

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